

## Instructions to fill out

### Enrollment Form for New Sites and Provider Groups

FIELD	LENGTH & FORMAT	INSTRUCTIONS
<b>County</b>	Maximum of 30 characters	Full county name where provider's office is located (required).
<b>Provider Name</b>	Maximum of 40 characters	Full provider name. Individual physician or medical practitioner. Enter Last name, First name, i.e., Jackson, Bonnie, MD. Clinics and Hospitals should enter their regular name, i.e., Atlantic Medical Center (not required for Provider Group enrollment).
<b>Provider Group Name</b>	Maximum of 40 characters	Full provider group name, i.e., Camcare Corp., or Dr. Smith & Associates (required for Provider Group enrollment or to enroll provider that belongs to the group).
<b>VFC ID</b>	Maximum of 30 characters	Provider's VFC ID if provider participates in the NJ Vaccine For Children Program.
<b>TAX ID (EIN)</b>	Maximum 10 characters	Provider's TAX ID (Employer Identification Number) in format as 22-1234567.
<b>Site Administrator</b>	Maximum of 40 characters	First and Last name of the individual primarily responsible for the New Jersey Immunization System at this site i.e., (Health Officer, LINCS Coordinator, Physician's Head Nurse, Office Manager, etc.).
<b>Phone</b>	Maximum of 10 digits	Provider's office phone number including area code.
<b>Address</b>	Maximum of 100 characters	Full provider address including Street name, City, State and Zip Code.
<b>Signature</b>	Maximum of 40 characters	Name that will appear as this provider's signature on the Reminder/Recall notices, i.e., Dr. Bonnie Smith (required).
<b>Vaccine Inventory</b>	Check-box	Check one of the boxes if this provider is using the Registry's optional Inventory module. Public Stock - provider receives vaccine supplies from the State Department of Health or other public supplier. Private Stock - provider purchases their vaccine supplies from a private company or distributor directly. Both – for providers that are using both private and public stocks.
<b>Can be Primary</b>	Check-box	Check box if this provider will be getting listed as the "Primary Provider" for children in the Registry.
<b>Can Give Doses</b>	Check-box	Check box if this provider administers immunizations.
<b>Provider Type</b>	Check-box	Check one of the boxes that best describe provider type.
<b>User access</b>	List	List names of the users who will access the system at provider's site (not required for Provider Group enrollment).

